Approved for use through 1/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/053,765			ing Date 18/2002	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE(\$)	FEE (\$)	
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A		1	N/A		
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A		1	N/A		
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =				x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		•		x \$ =		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$	ets of pap 250 (\$125 litional 50	ings exceed 100 tion size fee due y) for each on thereof. See 7 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						]			]			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SI										ER THAN ALL ENTITY		
AMENDMENT	01/27/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	* 26	Minus	** 26	= 0	1	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 4	Minus	4	- 0	1	X \$110 =	0	OR	xs =		
	Application Size Fee (37 CFR 1.16(s))											
۸	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z	Total (37 CFR 1,16())		Minus		-	1	X \$ =		OR	X S =		
AMENDMENT	Independent (37 CFR 1 16(h))		Minus	***	-	]	x \$ =		OR	X 8 =		
Z.	Application Size Fee (37 CFR 1.16(s))					]			]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))					1			OR			
			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE						
** II *** The	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  **The Highest Number Previously Paid For "N THIS SPACE" is less than 3, enter "3".  **The Highest Number Previously Paid For "N THIS SPACE" is less than 3, enter "3".  **The Highest Number Previously Paid For "N THIS SPACE" is less than 3, enter "3".  **The Highest Number Previously Paid For "N THIS SPACE" is less than 3, enter "3".  **The Highest Number Previously Paid For "N THIS SPACE" is less than 3, enter "3".  **The Highest Number Previously Paid For "N THIS SPACE" is less than 3, enter "3".  **The Highest											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the DSFT0 to process) an application. Confidentiality is governed by 35 US. of .22 and 37 CFR 1.14. This collection is estimated to beta 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or supposetions for reducing this burden, should be sent to the Chief information Cliber. U.S. Patient and Trademark Office, U.S. Department of Commono. P.O. Box 1496, Alexandria, V. 2231-0. Dox 1496, 1409. DOX NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO \*\*Commissions of the Patients of Chief. Send Complete Commono. P.O. Box 1496, Alexandria, V. 2231-0. Box 1496, 1409. DOX NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO \*\*Commissions of the Patients of Commono. P.O. Box 1496, 1409. DOX NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO \*\*Commissions of the Patients of Commono. P.O. Box 1496, 1409. DOX NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND \*\*Commono.\*\*